

## EXAMPLE 2

# NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

XZW INCORPORATED  
ACCOUNTS RECEIVABLE DEPT  
P O BOX 1111  
ANYWHERE NC 22222

PROVIDER NUMBER 78XXXXX				REPORT SEQ. NUMBER 17				DATE 12/06/1999		PAGE 2			
NAME		SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID		FROM TO											
		MM	DD	CCYY	MM	DD	CCYY						
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY													
RECIPIENT NAME/ RECIPIENT ID		FROM DOS/ TXN DATES		ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H LESS THAN 100%	TRANSFER INDICATOR	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB
ADJUSTMENTS													
NEGATIVE													
PRINCIPAL													
SMITH JOE 900851555Z		09/01/1999 10/18/1999		931999308990120 1999270750240			N	100000	100000	00	00	100000	0112
SMITH JOE 900851555Z		09/01/1999 10/18/1999		931999308990110 1999270750340			N	200000	200000	00	00	200000	0112
SMITH JOE 900851555Z		09/01/1999 10/18/1999		931999306990150 1999270750540			N	20000	20000	00	00	20000	0112
SUB TOTAL:								320000	320000	00	00	320000	
PENALTY													
SMITH JOE 900851555Z		09/01/1999 11/25/1999		1999329400150			N	10000	10000	00	00	10000	2254
SMITH JOE 900851555Z		09/01/1999 11/25/1999		1999329400250			N	20000	20000	00	00	20000	2254
SMITH JOE 900851555Z		09/01/1999 11/25/1999		1999329400350			N	2000	2000	00	00	2000	2254
SUB-TOTAL:								32000	32000	00	00	32000	

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant

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PROVIDER NUMBER 78XXXXX				REPORT SEQ. NUMBER 17				DATE 12/06/1999		PAGE 3			
NAME		SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID		FROM	TO										
		MM	DD	CCYY	MM	DD	CCYY						
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY													
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H LESS THAN 100%	TRANSFER INDICATOR	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB		
ADJUSTMENTS NEGATIVE													
INTEREST													
SMITH JOE 900851555Z	09/01/1999 11/25/1999	1999329500250			N	855	855	00	00	855	2256		
SMITH JOE 900851555Z	09/01/1999 11/25/1999	1999329500260			N	1710	1710	00	00	1710	2256		
SMITH JOE 900851555Z	09/01/1999 11/25/1999	1999329500350			N	171	171	00	00	171	2256		
SUB TOTAL:						2736	2736	00	00	2736			
TOTAL PPI:						354736	354736	00	00	354736			
(TOTAL OF COLUMN C FOR PRINCIPAL, PENALTY, AND INTEREST = TO "WITHHELD AMOUNT" ON CLAIMS PAYMENT SUMMARY PAGE)													

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